

STATE OF INDIANA

SUBSTANCE ABUSE PREVENTION

AND

MENTAL HEALTH PROMOTION

STRATEGIC PLAN

2012 – 2017

CREATED BY:

INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION (FSSA)

DIVISION OF MENTAL HEALTH AND ADDICTION (DMHA)

BUREAU OF MENTAL HEALTH PROMOTION & ADDICTION PREVENTION

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The Facts*

On Substance Abuse and Mental Illness...

- By 2020, **mental and substance use disorders** will surpass all physical diseases as a major cause of disability worldwide.¹
- One estimate puts the total economic costs of **mental, emotional, and behavioral disorders** among youth in the United States at approximately \$247 billion.²
- The annual total estimated societal cost of **substance abuse** in the United States is \$510.8 billion.³
- Half of all lifetime cases of **mental and substance use disorders** begin by age 14 and three-fourths by age 24.⁴

On Drugs...

- **Alcohol** is a common factor in drowning accidents (34%) and suicides (23%).⁵ **Alcohol use** is also a major factor in homicides (47%).⁶
- In 2010, a total of 8,339 **alcohol-related** collisions occurred in Indiana; 173 of these were fatal.⁷
- On average, **smoking** reduces adult life expectancy by about 14 years.⁸
- An estimated 9,700 Hoosiers die annually from **smoking-attributable** causes.⁹
- In 2009, 9.8% of treatment admissions in Indiana reported **prescription drug dependence**, significantly higher than the U.S. rate of 8.4%.¹⁰

On Other Issues...

- In Indiana, 44.5% of high school seniors report **gambling** in the last year.¹¹
- Individuals with **pathological gambling** are likely to have a co-occurring mental or substance use disorder, including 73.2% with an alcohol use disorder, 60.4% with nicotine dependence, 49.6% with a mood disorder, and 60.8% with a personality disorder.¹²
- More than 800 Hoosiers die by **suicide** each year, and more than 4,000 Hoosiers seek emergency care for injuries related to suicide attempts.^{13,14}
- **Suicide** is the second leading cause of death among Hoosiers 15-34 years old, and the 11th leading cause of death among all Hoosiers.¹⁴

**Note: Many of these facts were taken as written in Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014; "Substance Abuse in Indiana", issue brief June 2012; and the Indiana State Suicide Prevention Plan.*

Introduction

The Indiana *Substance Abuse Prevention and Mental Health Promotion Strategic Plan 2012-2017* is designed to be a roadmap for citizens across Indiana to follow in effort to reduce the impact of substance abuse and mental illness on Hoosiers. It serves to provide a unified direction of statewide efforts to enhance the infrastructure of the Indiana prevention system, to strategically align Indiana prevention efforts with national initiatives, and to delay the onset of substance use, abuse, and related consequences. As a result, communities across Indiana will be better positioned to implement effective processes and strategies to respond to substance abuse and mental health issues through the implementation of data-driven, evidence-based policies, practices, and programs. This plan is intended to be an living document that is adaptable to state and local circumstances, flexible to revision and change as needed, and representative of Indiana prevention professionals and their partners.

This strategic plan begins with the discussion of the background and process of the plan's development, as well as the people who contributed to developing it. The document outlines the core principles that help guide Indiana's prevention system, including the concepts of behavioral health, promotion, prevention, and the Strategic Prevention Framework. It takes readers through a basic overview of current prevention efforts in Indiana, including statewide assessment of needs, the Community Prevention Framework, and evaluation strategies. Looking toward the future, the plan will introduce two types of state priority areas for the next five years - enhancement priorities, which focus on improving the infrastructure of the Indiana prevention system, and substance abuse prevention priorities, which identify goals for reducing substance abuse and its consequences across the state. The plan concludes with a discussion of the next steps needed to move forward in strengthening Indiana prevention efforts.

Developing the Plan

This section contains information on how and why the strategic plan was developed, as well as who has contributed to developing it, and takes an in-depth look at the Bureau of Mental Health Promotion and Addiction Prevention and the Division of Mental Health and Addiction.

Background and Process

The former strategic plan for prevention in Indiana, published in 2002 as a result of the funding of a previous federal grant, was [*Imagine Indiana Together: The Framework to Advance the Indiana Substance Abuse Prevention System*](#) (referred to as *Imagine Indiana* hereafter). *Imagine Indiana* was developed with the idea of enhancing and developing the overall prevention infrastructure. Its mission was, “To reduce substance use and abuse across the lifespan of Indiana citizens,” and its vision was, “Healthy, safe, and drug-free environments that nurture and assist all Indiana citizens to thrive.”

Strides were made to enhance the prevention system with the development of *Imagine Indiana*, but as with any system, changes and enhancements are needed regularly in order for the system to continue being effective. By 2011, almost a decade after *Imagine Indiana*

— SAMHSA Initiative #1 —

Prevention of Substance Abuse and Mental Illness

“**Creating communities** where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide. This initiative will include a focus on the nation’s high-risk youth, youth in tribal communities, and military families.”¹⁵

was developed, the time had come to develop a more targeted approach that would expand and strengthen the prevention system once again. At this time, Indiana was awarded a one-year planning grant, the Strategic Prevention Framework-State Prevention Enhancement (SPF-SPE) grant, by the Substance Abuse and Mental Health Services Administration (SAMHSA)— Center for Substance Abuse Prevention (CSAP) to develop a five-year strategic plan addressing the issues of mental health promotion and substance abuse prevention. The primary goal of the SPF-SPE grant was to assist Indiana in aligning its statewide prevention and mental health promotion activities with SAMHSA’s “Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness.”

The strategic planning process under the grant intended to improve data collection at the state and local levels, enhance and expand the reach of services to populations with the highest need, better prepare the prevention workforce, improve evaluation practices, and enhance the existing infrastructure for prevention in Indiana. Several key components of the planning process are discussed on the following page.

Review of *Imagine Indiana*. Using the previous plan’s mission, vision, and guiding principles as starting points, the planning committee worked to develop a new strategic plan that would reflect a focus on behavioral health, mental health promotion, and addiction prevention.

Review of data. The planning committee reviewed numerous data sets and other available information to determine the current state of substance use and mental health concerns in Indiana. This included an assessment of the skills of the prevention workforce.

Review of priorities. The committee worked to determine how Indiana’s prevention strategies aligned with federal priorities and initiatives.

Development of a capacity-building plan. The capacity-building plan, comprised of four mini-plans (see inset), was developed to address some of Indiana’s greatest challenges to capacity. It sought to help define Indiana’s priorities for substance abuse prevention and mental health promotion and to address priorities regarding underserved populations or populations that may be at higher risk than the general population for substance abuse and mental health issues.

Capacity-Building Mini-Plans

1. **Data:** How to expand data collection and adopt data collection system
2. **Coordination of Services:** How to expand reach and scope of services
3. **Technical Assistance (TA) and Training:** How to develop consistent and comprehensive training, TA, and professional development
4. **Evaluation:** How to support more consistent evaluation

Developers

The planning committee that worked under the SPF-SPE grant consisted of staff members from the Division of Mental Health and Addiction’s (DMHA) Bureau for Mental Health Promotion and Addiction Prevention, discussed more in depth in the next section, and the Indiana Prevention Resource Center (IPRC), an organization that provides technical assistance and support to prevention and treatment providers in the state. Feedback, input, and guidance were sought from the DMHA Mental Health and Addiction Planning and Advisory Council (MHAPAC). MHAPAC is made up of representatives of state agencies and other public and private entities concerned with the need, planning, operation, funding, and use of substance abuse prevention and mental health services. Additionally, the State Epidemiological Outcomes Workgroup (SEOW), established in 2005 under a previous federal grant to gather, analyze, and report data for prevention efforts, was consulted on the plan. The workgroup includes representatives from

The Indiana Division of Mental Health and Addiction (DMHA)

As taken from the [DMHA Web Site](#)

DMHA sets care standards for the provision of mental health and addiction services to Hoosiers. DMHA is committed to ensuring that clients have access to quality services that promote individual, family, and community resiliency and recovery. **DMHA’s mission** is, “To ensure that Indiana citizens have access to quality mental health and addiction services that promote individual, family, and community resiliency and recovery.” **DMHA’s responsibilities include:**

- Certify all community mental health centers, addiction treatment services, and managed care providers
- Administer federal funds earmarked for substance abuse prevention projects
- Operate the state mental health hospitals
- Provide funding support for mental health and addiction services to target populations with financial need through a network of managed care providers

the Indiana State Department of Health, Indiana Professional Licensing Agency, Indiana Tobacco Prevention and Cessation Commission, Indiana State Police, the Governor's Commission for a Drug-Free Indiana with the Indiana Criminal Justice Institute, and the Indiana Office of Medicaid Policy and Planning, all of whom provide input on data issues related to substance abuse and mental health.

The Bureau of Mental Health Promotion and Addiction Prevention

A major player in prevention across Indiana is the Bureau of Mental Health Promotion and Addiction Prevention. The bureau exists as part of DMHA and provides oversight and administration of the Substance Abuse Prevention and Treatment (SAPT) Block Grant to ensure funding that addresses statewide prevention priorities. Its mission, vision, and duties, listed below, play a crucial role in determining goals for the future of Indiana prevention.

Mission: To reduce substance use and abuse and promote behavioral health across the lifespan of Indiana citizens by maintaining a coordinated, effective, and accountable system of prevention and behavioral health promotion services.

Vision: Sustainable environments that nurture, assist, and empower all Indiana citizens to access and experience optimum physical, emotional, and mental health.

Duties:

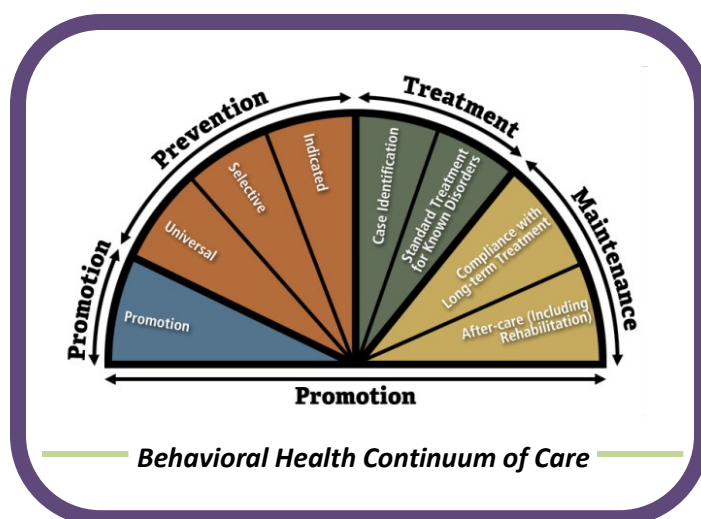
- Build prevention capacities and infrastructure at the state and community level.
- Prevent onset and reduce the progression of substance use among Indiana residents.
- Establish consistency in the assessment, design, implementation, and evaluation of prevention services.
- Ensure a standard of professional practice that yields a culturally responsive, dynamic prevention workforce committed to continuous professional development.
- Utilize funding to fulfill unmet needs, support data-driven prevention priorities, and leverage technical assistance from state and national experts and agencies.
- Maintain a broad spectrum of universal, selective, and indicated prevention programs and practices that are data-driven and respond to changing state prevention priorities.
- Maintain contact with federal and state prevention experts to exchange information on best practices for prevention and mental health promotion.
- Manage SAPT Block Grant funds for prevention activities to ensure wise stewardship and effectiveness.
- Provide oversight of the state-endorsed Addictions Resource Center.
- Obtain additional grant funding when available to enhance the prevention system.
- Ensure the sustainability of the State Epidemiological Outcomes Workgroup and the availability of annual data reports.
- Maintain a statewide system for the collection of data related to prevention and mental health promotion initiatives.
- Provide guidance on policy initiatives related to substance abuse prevention and behavioral health promotion.
- Ensure dissemination of the latest findings from prevention science and best practices.
- Promote the use of a public health model to address needs and priorities.

Guiding Principles

This section introduces the principles that have guided the development of this plan and that will serve as signposts for Indiana’s journey in prevention over the next five years. Ideas discussed include behavioral health, promotion, prevention, and the Strategic Prevention Framework, all of which are vital to the function of the prevention system at state and local levels.

Defining Behavioral Health

The Institute of Medicine (IOM), a national leading research authority on behavioral health, defines behavioral health as “a state of mental/emotional being and/or choices and actions that affect wellness.”¹⁶ Behavioral health problems include substance abuse and dependence, serious psychological distress, suicide, and mental illness. The term can also be used to describe the service systems addressing such issues. Behavioral health and its associated services are often illustrated by the Continuum of Care model. The Continuum of Care divides behavioral health into the four categories of **promotion** of emotional health; **prevention** of mental illness and substance use disorders; **treatment** for disorders; and recovery **maintenance** and support.¹⁶



Promotion and Prevention

The promotion of behavioral health and the prevention of mental and substance use disorders are first on the Continuum of Care model, and are the areas of focus for Indiana’s prevention system. According to the IOM, promotion is the process of enabling people to increase control over and improve their health. Specifically, behavioral health promotion includes interventions that aim to enhance the ability to achieve developmentally appropriate tasks (developmental competencies); develop a positive sense of self-esteem, mastery, well-being, and social inclusion; and strengthen the ability to cope with adversity.²

The IOM describes that prevention focuses on interventions that occur prior to the onset of a disorder and reduce the risk of a disorder occurring in the future.² Exploration of SAMHSA’s “Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness” reveals the critical role of prevention and early intervention for children, adolescents, and young

adults to mitigate the symptoms and negative consequences of mental health or substance use disorders. It is important to note, however, that prevention does not occur solely during childhood and adolescence, but can occur at any point during the lifespan. Indiana is committed to expanding the scope of statewide prevention activities to include a focus on the lifespan as well as promoting an understanding of the sphere of influence. The sphere of influence suggests interventions aimed at a target group may need to occur in other domains or age groups that exert influence on the target group.

Prevention strategies often focus on decreasing risk factors, or factors that have been shown to increase the likelihood that a person will develop a mental or substance use disorder, and increasing protective factors, or factors that have been shown to decrease the likelihood that a person will develop a disorder even in the presence of risk. These factors could be present at the biological, psychological, family, community, or cultural levels. The IOM classifies prevention strategies, also called interventions, into three categories based on the level of risk in the groups of people receiving the interventions. The categories are universal, selective, and indicated.²

“**Prevention** emphasizes the avoidance of risk factors; **promotion** strives to promote supportive family, school, and community environments and to identify and imbue in young people **protective factors**, which are traits that enhance well-being and provide the tools to avoid adverse emotions and behaviors.”

IOM, 2009, p. xv



Universal preventive interventions are activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk. For example, a policy or law change would be universal because it would be applied to the entire population in an area.



Selective preventive interventions are activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average. A program for children whose parents have a substance use disorder would be a selective intervention.



Indicated preventive interventions are activities targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels. An example of this would be a program for college students who have been cited for underage drinking.

The Strategic Prevention Framework

In order to carry out prevention efforts effectively and efficiently, Indiana has adopted the Strategic Prevention Framework (SPF). The SPF is a five-step planning model developed by SAMHSA and shown to be effective in prevention. Its five steps are Assessment, Capacity, Planning, Implementation, and Evaluation, with Cultural Competence and Sustainability

being emphasized throughout the process. The SPF is dynamic, changeable, and continuous. By following the SPF, a community is able to assess its needs and resources, build its capacity to adequately address needs, effectively plan and implement strategies for



these needs, and evaluate efforts so that ways for improving future prevention initiatives can be identified. Communities must also address cultural competence and sustainability throughout the process. Cultural competence enables the community to fully address, include, and understand the various cultures in the community, and sustainability is the maintenance of various factors and systems that contribute to the success of a program.

The SPF process also emphasizes the development of logic models, which are visual representations of needs, goals, and the steps needed to reach those goals, as part of the strategic planning process. Logic models should be based on the priorities identified in a community's needs assessment, which often include reducing specific risk factors and increasing specific protective factors as priorities in order to then reduce substance abuse and its related consequences in a community. A logic model should increase the capacity of communities to address identified needs through the implementation of evidence-based programs, practices, policies, and strategies. It can also act as a tool to monitor and evaluate the processes, strategies, and outcomes a community experiences.

Use of the SPF to create local-level, data-driven strategic plans that target the areas of greatest need in the community through appropriate practices, policies, programs, and other strategies that produce measurable outcomes is integral to the success of the prevention system. Utilizing the SPF also gives Indiana a way to better align its priorities with federal initiatives. Knowledge of the SPF is a basic skill that all prevention professionals in Indiana must possess, and coalitions must demonstrate the use of the SPF to develop a strategic plan to be eligible for state and federal grant funds.

The Current System

This section gives a breakdown of how Indiana assesses substance abuse and other needs in the state, what the Community Prevention Framework is, and how evaluation is conducted to ensure quality and effectiveness of programs. More detailed descriptions of currently supported prevention programs can be found in Appendix C.

Assessment of Needs

Assessment, the first step of the SPF process, is crucial to identifying the needs, priorities, and resources related to prevention in a community. The collection of assessment data also plays a large role in being able to determine whether strategies implemented have been successful. Thus, Indiana works to ensure that assessment data is regularly collected and reviewed. The State Epidemiology and Outcomes Workgroup (SEOW) works to collate and analyze available epidemiological data and reports findings to the state's advisory body, MHAPAC, to facilitate data-based decision making regarding substance abuse prevention initiatives across the state.

The SEOW produces an annual state epidemiological profile based on the most recent data available. The profile is made available to the public each year and presents detailed information through graphs, tables, and descriptive analyses regarding the patterns and consequences of substance use both for the state and, whenever possible, each of Indiana's 92 counties. Sources used to compile the report include data from the Centers for Disease Control and Prevention, hospital discharge data, SAMHSA, the Unified Crime Reporting program, vehicle collision data, mortality data, Indiana's prescription drug monitoring program, and a variety of surveys addressing behavioral health and substance abuse issues.

Two annual surveys included in the state profile are the Alcohol, Tobacco, and Other Drug Use (ATOD) Survey and the Indiana College Substance Use Survey. The ATOD survey, taken by 6-12th graders, and the college survey help to measure patterns of substance use, mental health indicators, and risk and protective factors of participants. The ATOD Survey identifies patterns within groups and includes measures for ethnicity, gender, and parental characteristics such as incarceration or military status. Communities in the Community Prevention Framework, introduced in the next section, should advocate for these surveys to be taken in their school systems and any colleges in their community. In addition, communities are expected to obtain local-level data to help them assess their needs. The state has recently adopted a web-based data collection system for prevention that will make reporting basic data sets easier.

The Community Prevention Framework (CPF)

The State of Indiana is committed to expanding the SPF process to coalitions and communities throughout the state. As previously mentioned, in order to receive state or federal funding, communities must show understanding of the SPF. In collaboration with prevention specialists from the Indiana Prevention Resource Center (IPRC), the state of Indiana has created the Community Prevention Framework (CPF) as a guide to Indiana communities as they undertake prevention efforts and move through the SPF process. CPF



combines elements of the latest research in prevention science, the SPF, and the Communities That Care (CTC) system. CTC is a five-step prevention planning tool that guides communities in strengthening the prevention infrastructure and decreasing substance abuse as well as its associated consequences. The system incorporates the use of milestones and benchmarks to track progress and focus the efforts of coalitions as well and provides a valuable tool that can be used to guide the provision of technical assistance.

In the past, prevention professionals have generally followed either SPF or CTC, or they have had no prior knowledge of either. Now, Indiana is working to bring these two powerful models together. Each phase of the CTC system coordinates with a step of the SPF process. They work together in helping communities get organized, identify problem areas based on community data, make knowledgeable decisions pertaining to how these problems should be addressed, and evaluate any actions taken to counter the problem areas. The focus on coalition building, community involvement, and use of milestones and benchmarks in CTC, combined with the logic model and evaluation components of the SPF, will be integrated with cultural competency, sustainability, and implementation science training to support communities in using the strategic planning process. CTC and SPF are neither programs nor are they administrative names for program implementation. In Indiana, the CTC system is a tool to aid in building a prevention infrastructure that will adhere to the SPF process.

DMHA plans to support communities to carry out the SPF process as part of the CPF by offering two major types of grants to communities or coalitions that want to engage in prevention efforts. The first, development grants, will be made available to fund communities and coalitions to complete a two-year strategic planning process. With support from the IPRC, development grantees will be trained in SPF and CTC, and will use these to guide their planning.

The second type of grants that will be offered to communities, implementation grants, are offered to communities that already have a strategic plan. They may have used CTC or the SPF process in the past to create a plan, or they may be communities that are implementing special projects, such as family-based prevention initiatives or programs that target high-risk populations. These communities will work with the IPRC to update their strategic plans using the most recent local data, determine whether the selected strategies are the best fit

to meet the priorities identified in the community, implement programs, and develop process and outcome evaluation plans. Like the development grantees, these grantees will use the milestones and benchmarks from CTC to track progress and guide technical assistance needs as they carry out the SPF process.

As a result of being guided by the CPF, communities will have a strategic plan that addresses needs that were prioritized by the use of local-level data and includes evidence-based strategies that can be implemented to produce measurable outcomes and community-level change. A localized strategic plan will give a community a clear vision of what should be done to reduce substance abuse, mental illness, and their consequences, and will unify the community in moving towards healthy living for everyone.

Technical Assistance and Evaluation

Each community in the CPF receives support from their assigned project officer, an IPRC staff member, in the areas of technical assistance and evaluation. Technical assistance may be in the form of research, informational materials, training, and consultation. IPRC project officers build capacity in their assigned communities through the provision of expert technical assistance in developing, implementing, and evaluating substance abuse prevention programs. Evaluation, a component of both the SPF and CTC, is crucial to ensuring continuous quality improvement. Through the IPRC, CPF communities are able to undergo both process evaluation, the assessment of how initiatives were carried out and whether they were implemented as intended, and outcome evaluation, the measurement of the results of an initiative and whether the results were what were intended.

Technical assistance and evaluation will be provided from a participatory or “coaching” perspective that involves the community stakeholders in all phases of development, implementation, and evaluation in an effort to build local capacity. In sports, a coach provides the information, skills, and resources that the team needs to perform; he does not perform on the team’s behalf. In a similar way, the IPRC provides community prevention professionals with the skills they need to conduct evaluations. The IPRC staff provide supporting roles as mentors, trainers, group processors, negotiators, and methodologists, but the grantees themselves conduct the evaluation. Participatory evaluation requires active involvement in evaluation from community stakeholders, including program directors, community coordinators, and coalition members. This approach leads to greater improvements in participants’ evaluation skills, a deeper shared commitment to act on evaluation recommendations, and a greater likelihood that evaluation information will be used to implement improvements. It offers a valuable learning experience for communities and builds a community’s capacity and sustainability.

It is imperative not only to evaluate the effectiveness of local-level initiatives, but also to continuously monitor progress made at the state level. The strategic planning process has enabled DMHA to identify priorities, goals, and objectives for the state as set forth in this plan. In order to meet these priorities, however, a systematic approach consisting of both process and outcome evaluation must be taken. DMHA will seek an outside evaluator to create an evaluation plan that will include measurable criteria and benchmarks based on

the priorities set forth in this strategic plan. DMHA will provide the evaluator with quarterly progress updates to be compiled into an annual report that will be published in August. The evaluator will highlight accomplishments as well as areas needing improvement.

Enhancement Priority Areas

Based on the needs identified through the capacity building plan and the strategic planning process, logic models were created to inform priority areas for enhancing Indiana's prevention system. This section gives an overview of Indiana's three determined enhancement priority areas for the next five years, which are to enhance data and evaluation, to enhance the prevention workforce, and to enhance the delivery of services. More information on logic models, including a copy of Indiana's three systemic logic models, are available in Appendix B.

Enhancement Priority Area 1: Enhance Data and Evaluation

Goal

By January 1, 2017, support a consistent mechanism for the **assessment, design, selection, implementation, and evaluation** of prevention and behavioral health promotion services.

Objective 1: By June 30, 2015, increase data and access to data.

- Obtain existing substance abuse and behavioral health data from agencies across the state.
- Develop the online data reporting system.

Objective 2: By June 30, 2015, increase the reliability and consistency of data.

- Establish core data measures for State grantees.
- Establish guidelines for the reporting and collection of data.
- Establish language in state contracts for reporting data.

Objective 3: By June 30, 2015, have a standardized process for assessment and evaluation of data at the State and local levels.

- Establish guidelines for the evaluation of data.
- Identify key evaluators.

Objective 4: By June 30, 2015, increase the participation of non-grantees in the collecting, reporting, and sharing of data and in the use of effective evaluation tools.

- Promote the use of data and the statewide data reporting system.
- Publicize data and evaluation tools.

Enhancement Priority Area 2: Enhance the Prevention Workforce

Goal

By January 1, 2017, have a **culturally responsive, dynamic, professional prevention workforce** committed to continuous professional development through leveraging of technical assistance and training resources from local, state, and national experts and agencies.

Objective 1: By June 30, 2015, establish minimum state criteria for prevention credentialing, certification, and core competencies.

- Review and identify gaps in current credentialing system.
- Work with credentialing agencies to explore current credentialing and certification options.
- Review job task analysis of prevention field conducted by the International Certification & Reciprocity Consortium (IC&RC) to identify basic skills needed for Indiana prevention professionals.
- Determine other knowledge and skill sets that should be required for prevention professionals.

Objective 2: By June 30, 2015, establish a sustainable statewide training system to support core competency development.

- Review gaps in the current training system.
- Identify and leverage existing training resources developed by national experts.
- Develop a pilot of the Indiana Prevention Institute, a series of prevention trainings.
- Evaluate the pilot's curriculum content and methods of course delivery.
- Utilize evaluation findings to make modifications and finalize the content of the Indiana Prevention Institute.
- Increase support to create in-state master trainers for prevention courses.

Objective 3: By June 30, 2015, establish a consistent technical assistance (TA) delivery system.

- Assess the capacity of the current TA system and providers.
- Provide trainings and ongoing support to TA providers to enhance TA delivery skills.
- Establish protocols for responding to TA requests to ensure consistent dissemination of information.

Objective 4: By June 30, 2015, increase access to training and TA.

- Use webinars, technology, funding, and other resources to increase the statewide availability of training and TA resources.
- Create incentives for members of funded and non-funded prevention groups to participate in trainings, including foundational prevention courses and program-specific trainings.

Enhancement Priority Area 3: Enhance the Delivery of Prevention Services

Goal

By January 1, 2017, **support a broad spectrum** of universal, selective, and indicated prevention practices and behavioral health promotion strategies that are data-driven, evidence-based, and responsive to change. This means ensuring funding to fulfill unmet needs and **support data-driven priorities**.

Objective 1: By June 30, 2015, increase the variety of effective programs, policies, and practices used in prevention.

- Promote a variety of promising and/or evidence-based practices among the prevention workforce and TA providers.
- Increase funding that supports the use and expansion of promising practices.
- Increase access to trainings for specific evidence-based strategies.

Objective 2: By June 30, 2015, support programs, practices, and strategies that target a wide variety of audiences and populations.

- Use funding to support a balance of universal, selective, and indicated programs.

- Increase the implementation of environmental strategies.
- Increase prevention services targeted toward high-risk populations, especially those populations that have been identified as State or Federal priority populations.

Objective 3: By June 30, 2015, increase the implementation of prevention programs, practices, and strategies that align with Federal and State priorities.

- Assess data to determine state prevention priorities.
- Identify SAMHSA priorities.
- Identify programs and strategies that will effectively target State and Federal priorities.

Objective 4: By June 30, 2015, establish a consistent mechanism for the integration of substance abuse prevention and behavioral health promotion.

- Identify underlying factors shared between behavioral health and prevention
- Support the inclusion of suicide prevention, problem gambling prevention, and other behavioral health efforts in strategies.
- Promote awareness of co-occurring conditions.
- Establish minimum standards for trainings to address integration.

Substance Abuse Prevention Priorities

This section informs readers of subpopulations that have been determined to be priorities, discusses how priorities will be addressed and how they were determined, and lists the four substance abuse prevention priorities and their related goals.

Priority Populations

In November 2011, Indiana received a SEOW program contract to support the integration of substance abuse prevention and mental health promotion efforts and to expand the focus of the SEOW's work. As part of the grant, the state sought to identify new high-risk populations, specifically those believed to be at high risk but about which not much is known. These discussions resulted in the identification of four new high-risk populations: veterans returning from the wars in Afghanistan and Iraq; individuals previously or currently incarcerated; individuals identifying as LGBTQ ; and individuals with dual diagnosis (co-occurring substance abuse and mental disorders). A supplement to the 2011 state epidemiological report, profiling these four populations, will be published as soon as all data are available. The supplement will provide an overview of what is known about these specific groups in terms of their mental health and substance use patterns and offer suggestions for expanding efforts to monitor change in and improve prevention services for these populations. These populations, as well as Latino populations, have also been identified by SAMHSA as being at higher risk for substance abuse and mental health issues.

As mentioned previously, DMHA is also expanding the focus of prevention beyond youth to target the lifespan, as the mental health and substance use status of older adults is a growing concern that has historically received little attention. According to a 2012 IOM Report, it was estimated that between 5.6 and 8 million older adults suffered from one or more mental health or substance use disorders in 2010, indicating a need to increase prevention and mental health promotion efforts in this population.¹⁷

Addressing the Priorities

The priority population and substance abuse prevention priorities set forth in this manual serve to focus Indiana's efforts on areas of high need. In order to achieve priority goals, DMHA may offer funding for strategies specifically targeting the priorities discussed in this document. These prevention priorities represent statewide needs; however, DMHA acknowledges that specific counties may have different priority areas based upon their local areas of need. As an example, it is understood that an individual county may have higher usage rates of other drugs such as heroin, cocaine, or methamphetamine, and would thus

be expected to focus on the community-specific substance as a priority. CPF communities will be required to identify their own areas of highest need according to available data and to develop a plan that will enhance community response and maximize outcomes. By addressing the areas of highest need with effective prevention initiatives, communities will be able to create a measurable change in substance abuse behaviors and in risk factors affecting behavior, eventually creating population-level change.

As Indiana moves toward addressing its priorities, DMHA is dedicated to utilizing all five steps of the SPF process in all aspects of decision making. The first step, **assessment**, will be promoted through the continued support of the SEOW and the evidence-based practices workgroup, as well as the collection of data at the local level. Second, the **capacity** of the prevention workforce will be built through quality training and technical assistance. Third, comprehensive **planning** will take place and the state will create an implementation plan for achieving goals. Fourth, the **implementation** of evidence-based, appropriate strategies will continue to be supported. Fifth, **evaluation** will be sought at both the state and local levels to ensure strategy effectiveness and continuous quality improvement.

Evidence-based Prevention Strategies

DMHA will seek to support evidence-based strategies including the following:

- Increasing the perception of risk of substance abuse
- Creating positive norms in a community
- Creating environmental conditions associated with drug and alcohol free lifestyles
- Increasing positive attachment to family, school, neighborhood, and community
- Reducing attitudes favorable toward the problem behavior or use
- Creating substance abuse prevention policy

Determining Prevention Priorities

The SEOW is responsible for determining state priorities for preventing and reducing substance use. After analyzing available data on risk and protective factors, substance use, and consequences, the SEOW determined four priorities and set objectives to reduce use in these areas by 2017. The main factors considered in determining the priority areas were which substances affected the largest number of Hoosiers (including substances with the highest rates of use) as well as whether trends indicated an increase in use of a certain substance. State readiness to address the priorities was also considered.

The four substance abuse prevention priority areas for 2012 to 2017 were determined to be alcohol, tobacco, prescription drugs, and marijuana. These priorities, along with each substance's baseline and target rates of use, are on the following pages. Baseline information, referring to the current percentage of reported use, was determined by reviewing the Indiana rates from the most recent year of data available for national surveys such as the National Survey on Drug Use and Health (NSDUH) and the Behavioral Health Risk Factor Surveillance System (BRFSS). Target rates of use, the goal percentages of reported use to be reached by 2017, were determined by reviewing the criteria set forth in [*Healthy People 2020*](#), a product of the U.S. Department of Health and Human Services that provides structure and guidance for improving the nation's health, including 10-year goals and action steps to achieve various health outcomes.

Substance Abuse Prevention Priority 1: Alcohol

Priority 1

Reduce underage drinking and binge drinking.

Objective 1: Reduce past-month alcohol use among 12- to 20-year-olds.

Baseline: 23.6% (95% CI: 21.0-26.3) (NSDUH, 2009)

Target: 21.2% by 2017

Target setting method: 10% improvement (*Healthy People 2020*, objective SA-13.1)

Objective 2: Reduce past-month binge drinking among 12- to 20-year-olds.

Baseline: 17.0% (95% CI: 14.8-19.3) (NSDUH, 2009)

Target: 15.3% by 2017

Target setting method: 10% improvement (modified from *Healthy People 2020*, objective SA-14.1)

Objective 3: Reduce past-month binge drinking among 18- to 25-year-olds.

Baseline: 40.8% (95% CI: 37.0-44.8) (NSDUH, 2009)

Target: 36.7% by 2017

Target setting method: 10% improvement (modified from *Healthy People 2020*, objective SA-14.2)

Substance Abuse Prevention Priority 2: Tobacco

Priority 2

Reduce tobacco use among adults and, specifically, among pregnant women.

Objective 1: Reduce past-month smoking among adults.

Baseline: 21.2% (95% CI: 19.9-22.5) (BRFSS, 2010)

Target: 18.0% by 2017

Target setting method: Indiana Tobacco Prevention and Cessation (ITPC) 2015 Strategic Plan (p. 32)

Objective 2: Reduce rates of smoking among pregnant women.*

Baseline: 18.5% (Indiana Maternal and Child Health Outcomes and Performance Measures Data Book, 2007, p. 87)

Target: 12.0% by 2017

Target setting method: ITPC 2015 Strategic Plan (p. 32)

*Because of birth certificate revisions, the 2007 tobacco data are not strictly comparable with data from prior years.

Substance Abuse Prevention Priority 3: Prescription Drugs

Priority 3

Reduce nonmedical use of prescription drugs.

Objective 1: Reduce past-month nonmedical use of prescription pain relievers* among high school seniors.

Baseline: 6.6% (ATOD, 2011)

Target: 5.9% by 2017

Target setting method: 10% improvement (SEOW consent)

Objective 2: Reduce past-month nonmedical use of prescription drugs (excluding prescription pain relievers) among high school seniors.

Baseline: 5.9% (ATOD, 2011)

Target: 5.3% by 2017

Target setting method: 10% improvement (SEOW consent)

Substance Abuse Prevention Priority 4: Marijuana

Priority 4

Reduce marijuana use.

Objective 1: Reduce past-month marijuana use among 18- to 25-year-olds.

Baseline: 16.5% (95% CI: 13.6 – 19.8) (NSDUH, 2009)

Target: 14.8% by 2017

Target setting method: 10% improvement (SEOW consent)

Objective 2: Reduce past-month marijuana use among 12th grade students.

Baseline: 19.8% (ATOD, 2011)

Target: 17.8% by 2017

Target setting method: 10% improvement (SEOW consent)

*Prescription pain relievers include Vicodin, Oxycontin, and Percocet.

Prevention of Suicide and Problem Gambling

As Indiana prevention moves toward integrating behavioral health and substance abuse, Indiana is dedicated to including the prevention of suicide and problem gambling in its efforts. This section provides a brief discussion on the importance of these issues and how Indiana plans to address them.

Suicide Prevention

In 2012, an increased emphasis on suicide prevention was exhibited at the federal level with the release of guidance documents, toolkits, and the revision of national strategic plans. Specifically, the [*2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*](#) by the U.S. Surgeon General and the National Action Alliance for Suicide Prevention as well as SAMHSA's [*Guidance for State Suicide Prevention Leadership and Plans*](#) provided a framework for the development of state suicide prevention strategic plans. The State of Indiana Suicide Prevention Task Force, a collaboration of DMHA, the Indiana State Department of Health (ISDH) and multiple state partners, completed the [*Indiana State Suicide Prevention Plan*](#) in the summer of 2012. The plan, released prior to the national strategy and SAMHSA's guidance document, incorporates many essential elements detailed in the federal strategies. The Bureau of Mental Health Promotion and Addiction Prevention will support the *Indiana State Suicide Prevention Plan* by:

- Disseminating the plan to current and future grantees.
- Releasing funding announcements that support evidence-based practices, policies, and programs for suicide prevention.
- Providing a guidance document for the integration of suicide prevention into existing substance abuse prevention programs.
- Providing technical assistance to communities to collect data on the current state of suicide, identify risk and protective factors, select appropriate strategies, set measurable objectives, and evaluate suicide prevention initiatives.

Problem Gambling Prevention

Indiana ranks third in the United States for the amount of money collected in gambling tax revenue, after Pennsylvania and Nevada.¹⁸ As gambling options and venues in the state continue to expand, increased emphasis must be placed on problem gambling awareness and prevention, as many of the risk factors for problem gambling are also associated with substance abuse. Indiana's CPF communities will be asked to assess problem gambling behaviors and integrate problem gambling prevention strategies into existing initiatives. Strategies will target groups across the lifespan, from adolescents to older adults. Efforts may include environmental strategies such as community gaming policies, social media, and compliance monitoring. Indiana will work to expand the capacity for prevention providers

to implement problem gambling prevention activities by collaborating with the Indiana Problem Gambling Awareness Program (IPGAP) to increase awareness and expand training options. IPGAP, a project of the IPRC that exists to support prevention, awareness, and treatment of problem gambling, will provide technical assistance, resources, and training on problem gambling to communities.

Next Steps

This plan has presented basic guidelines for the next five years, including a breakdown of priorities, goals, and objectives; however, it is necessary to continue working to make these goals possible. Below is a discussion of the next steps that will be vital as Indiana looks forward to continuing to make prevention a dynamic, effective, and efficient force throughout the state.

State Agencies and the IPRC

The Division of Mental Health and Addiction (DMHA) will work to create an implementation plan to ensure that Indiana is moving forward to enhance its prevention infrastructure. The implementation plan will be based on the enhancement and prevention priorities addressed in this five-year strategic plan. It will not only outline the responsibilities of DMHA, but will also set forth action steps for other involved agencies and develop recommendations for what individuals can do in their communities to strengthen prevention and promotion efforts. DMHA will work closely with CSAP and other federal agencies to ensure that Indiana's initiatives continue to reflect federal goals and will continue to seek input from the IPRC, MHAPAC, SEOW, and other organizations as an implementation plan is developed and goals are met. The strategic planning committee will work to create a plan that sets up specific action steps, who will be responsible for completing each action step, and when each step will need to be completed.

The Indiana *Substance Abuse Prevention and Mental Health Promotion Strategic Plan 2012-2017* will be reviewed annually by its initial developers, including staff members of DMHA and the IPRC, as well as SEOW and MHAPAC members. As previously mentioned, DMHA will work with an outside evaluator to create a plan for state-level evaluation and to monitor progress on the goals set forth in this plan.

Existing Prevention Efforts

This plan is meant to be a resource and guide to focus prevention efforts across the state. Regardless of whether an agency is currently funded by DMHA, the concepts and principles discussed in this document are effective in preventing substance abuse and promoting mental health. By applying the concepts discussed, as well as making use of the various

resources in Appendix A, organizations will be able to see more positive results from their strategies and place themselves in a better position to receive state and federal funding. As DMHA begins to increase availability of trainings, technical assistance, and data and evaluation tools, community initiatives are encouraged to make use of these opportunities.

All Citizens of Indiana

This document highlights the value of prevention and behavioral health promotion in achieving optimal health and wellness outcomes across the state. Through this plan, Indiana citizens can now better understand how behavioral health promotion and addiction prevention fit into the larger behavioral health Continuum of Care. Every citizen can begin to make a difference by taking one of the below next steps.

Utilize resources. Citizens can use the resources provided in this document and its appendices to become more knowledgeable about prevention and promotion initiatives, programs, resources, and toolkits enabling them to incorporate prevention and promotion activities into their various environments.

Raise awareness. Raising awareness of the positive impact of prevention and promotion can help get others involved and increase unity on efforts to prevent and reduce substance abuse and mental health issues and their associated consequences.

Support prevention efforts. Individuals may become involved in local prevention efforts by joining and supporting local organizations such as Local Coordinating Councils, coalitions, or area task forces.

By working together to support substance abuse prevention and behavioral health promotion, all Hoosiers can begin to make an impact on improving behavioral health and decreasing the multitude of painful consequences associated with substance abuse and mental illness. Together, the people of Indiana can improve the health and safety of their communities. As the vision of DMHA's prevention and promotion bureau states, Indiana can uphold "sustainable environments that nurture, assist, and empower all Indiana citizens to access and experience optimum physical, emotional, and mental health."

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Appendix A: Resources and Links

Documents

[2012 National Strategy for Suicide Prevention \(PDF\)](#)
[Alcohol, Tobacco and Other Drugs \(ATOD\) Survey](#)
[Imagine Indiana Together: The Framework \(PDF\)](#)
[Indiana College Substance Use Survey](#)
[Indiana State Mental Health and Addiction Plan 2012-2013 \(PDF\)](#)
[Indiana State Suicide Prevention Plan Web Page](#)
[Leading Change: A Plan for SAMHSA's Roles and Actions \(PDF\)](#)
[Leading Change: A Plan for SAMHSA's Roles and Actions Web Page](#)
[National Strategy for Suicide Prevention Page](#)
[State Epidemiological Profile Page](#)

State Agencies and Programs

[Alcohol and Tobacco Commission \(ATC\)](#)
[Bureau of Mental Health Promotion and Addiction Prevention](#)
[Division of Mental Health and Addiction \(DMHA\)](#)
[Indiana Prevention Resource Center \(IPRC\)](#)
[Indiana Problem Gambling Awareness Program \(IPGAP\)](#)
[Indiana Scheduled Prescription Electronic Collecting & Tracking \(INSPECT\)](#)
[Indiana State Department of Health \(ISDH\)](#)
[Local Coordinating Councils](#)
[Prenatal Substance Use Prevention Program \(PSUPP\)](#)
[Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#)
[State Epidemiological Outcomes Workgroup \(SEOW\)](#)
[State Excise Police](#)
[Tobacco Retailer Inspection Program \(TRIP\)](#)

National Agencies

[Center for Substance Abuse Prevention \(CSAP\)](#)
[Collaborative for the Application of Prevention Technologies \(CAPT\)](#)
[Community Anti-Drug Coalitions of America \(CADCA\)](#)
[Institute of Medicine \(IOM\)](#)
[National Association of State Alcohol/Drug Abuse Directors \(NASADAD\)](#)
[Office of National Drug Control Policy \(ONDCP\)](#)
[Social Development Research Group \(SDRG\)](#)
[Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)
[Tobacco/Synar Program](#)

Appendix A: Resources and Links

Learning Resources

Communities That Care (CTC)

[CTC Resource](#)

Mental Health Promotion

[WHO Mental Health Promotion \(PDF\)](#)

Priority Populations

Currently or Formerly Incarcerated:

[National Reentry Resource Center](#)

[Reentry Policy](#)

Co-Occurring Disorders:

[SAMHSA Co-Occurring](#)

LGBTQ:

[Indiana Youth Group](#)

[NAMI GLBT Resources](#)

[The Trevor Project](#)

Military and Veterans:

[SAMHSA Military Families](#)

[IN National Guard](#)

[IN Veterans Behavioral Health](#)

[Star Behavioral Health](#)

Problem Gambling

[IPGAP](#)

[SAMHSA Gambling Toolkit](#)

Risk and Protective Factors

[Preventing Drug Abuse Among
Children and Adolescents](#)

Strategic Prevention Framework (SPF)

[SAMHSA SPF](#)

[IPRC SPF](#)

Suicide Prevention

[American Foundation for Suicide Prevention](#)

[SAMHSA Suicide Prevention Resources](#)

[Suicide Prevention Lifeline](#)

[Suicide Prevention Resource Center](#)

[Veterans Crisis Line](#)

Various Training and Data Resources

[SAMHSA Resources](#)

[IPRC](#)

[Multijurisdictional Counterdrug Task Force](#)

[Monitoring the Future](#)

[National Survey on Drug Use and Health](#)

[Prevention Pathways](#)

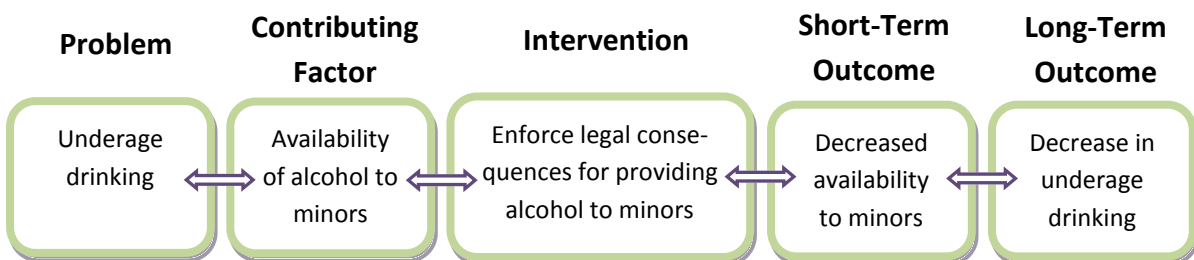
[Youth Risk Behavior Surveillance System](#)

Appendix B: Logic Models

Introduction to Logic Models

Logic models, utilized in the SPF as well as in the public health approach, are valuable in guiding the planning process. Likewise, the Bureau for Mental Health Promotion and Addiction Prevention supports the use of logic models. A **logic model** provides a visual representation of needs, goals, and the actions logically needed to reach those goals. Many logic models focus on a problem, then identify one or more factors that can contribute to the problem, the intervention(s) that will be implemented to change these factors, and the short-term and long-term outcomes of implementing these interventions.

A CPF community would develop a logic model similar to the one below. With the example of “underage drinking” as the problem, each section of the model is reasonably related to each of the other sections, such that a reader could interpret it using “If/Then” statements.



Sample “If/Then” Statements

- *If we want to reduce underage drinking, then we must address the availability of alcohol to minors.*
- *If we want to address the availability of alcohol to minors, then we should enforce the legal consequences for providing alcohol to minors.*
- *If we enforce the legal consequences, then minors will have decreased access to alcohol.*

Appendix B: Logic Models

Indiana Systemic Logic Models

DMHA has developed logic models focused on systemic needs rather than substance abuse problems. The capacity-building plan reviewed during the strategic planning process identified the following three systemic needs: the need to increase the collection of and access to data and sufficiently evaluate strategies; the need to increase the capacity of Indiana's training and technical assistance systems; and the need to support the implementation of a wider variety of effective strategies that address state and federal priorities. These needs helped form the focus for the State's three logic models. In turn, the logic models helped form the basis for Indiana's enhancement priority areas.

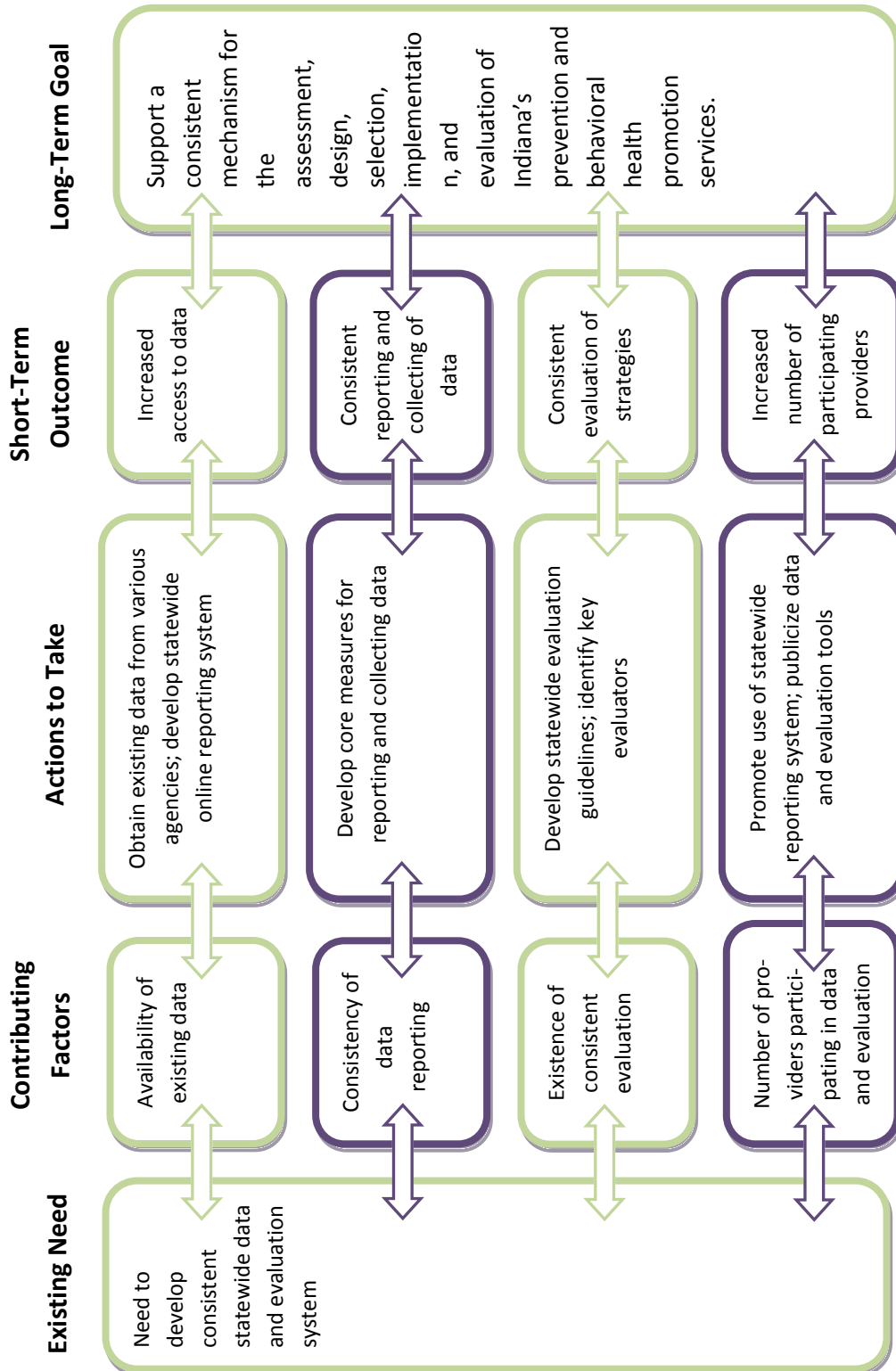
The use of logic models at the state level helped achieve several outcomes:

- To have a conceptual, logical framework for Indiana's Prevention and Behavioral Health Promotion System.
- To have reportable outcomes for the SAPT Block Grant, the Governor's Office, the Family and Social Services Administration (FSSA), and DMHA Administration.
- To ensure the Indiana Prevention and Behavioral Health Promotion System aligns with state initiatives, as found in the *Indiana State Mental Health and Addiction Plan*, and federal initiatives, as found in *Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014*; the Affordable Care Act; and the Mental Health Parity Act.
- To prepare providers, contractors, communities, and state partners for a prevention system that emphasizes the use of data to determine prevention priorities, utilizes evidence-based and environmental strategies to address identified priorities, and integrates behavioral health promotion into universal, selective, and indicated prevention programs.
- To illustrate minimum standards and competencies of prevention professionals in the State of Indiana including necessary training of all DMHA-funded prevention programs.
- To evaluate effective functions and outcomes of the Prevention and Behavioral Health Promotion System.

Indiana's systemic logic models can be found on the following pages.

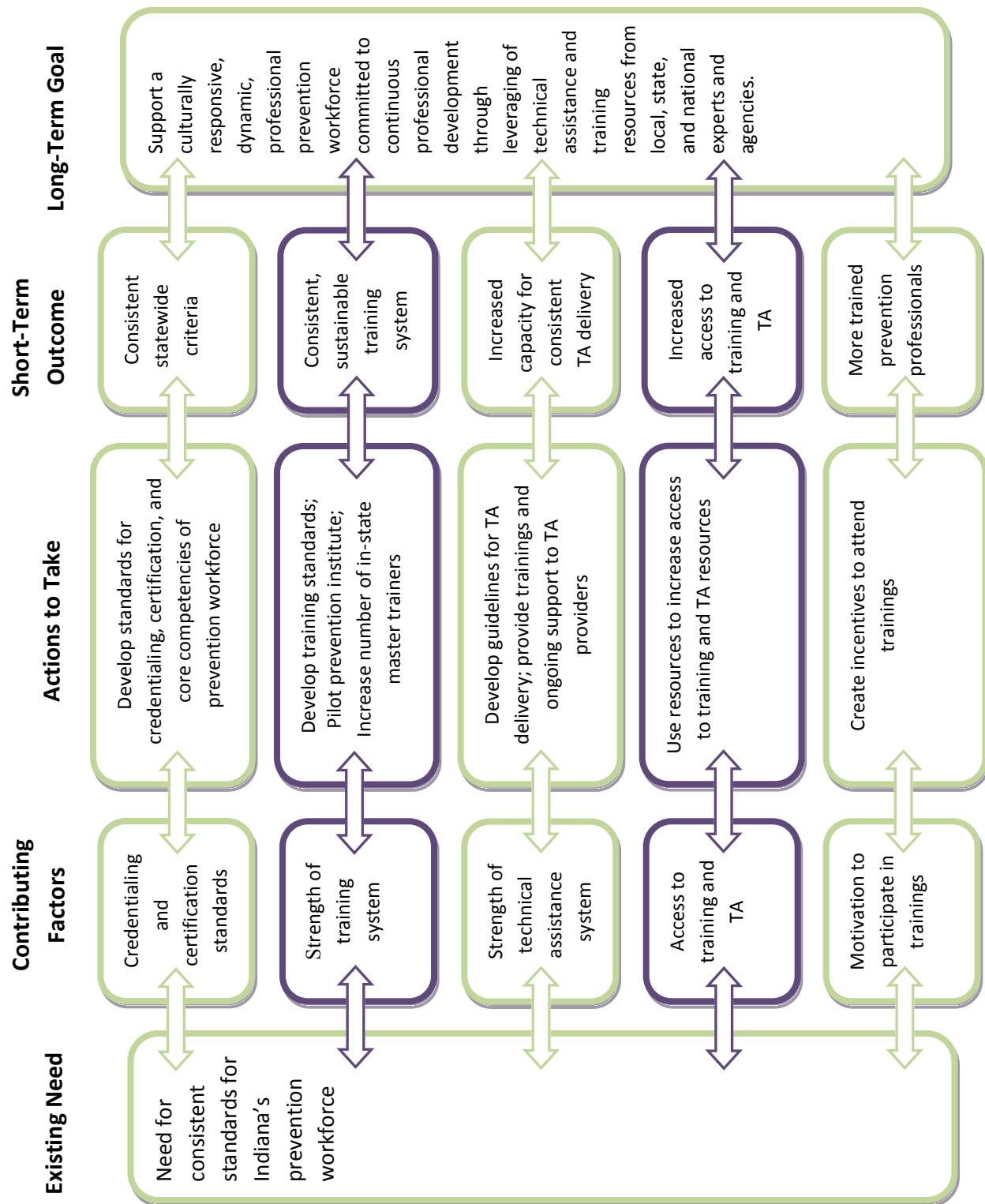
Appendix B: Logic Models

Logic Model 1: Need to Enhance Data and Evaluation



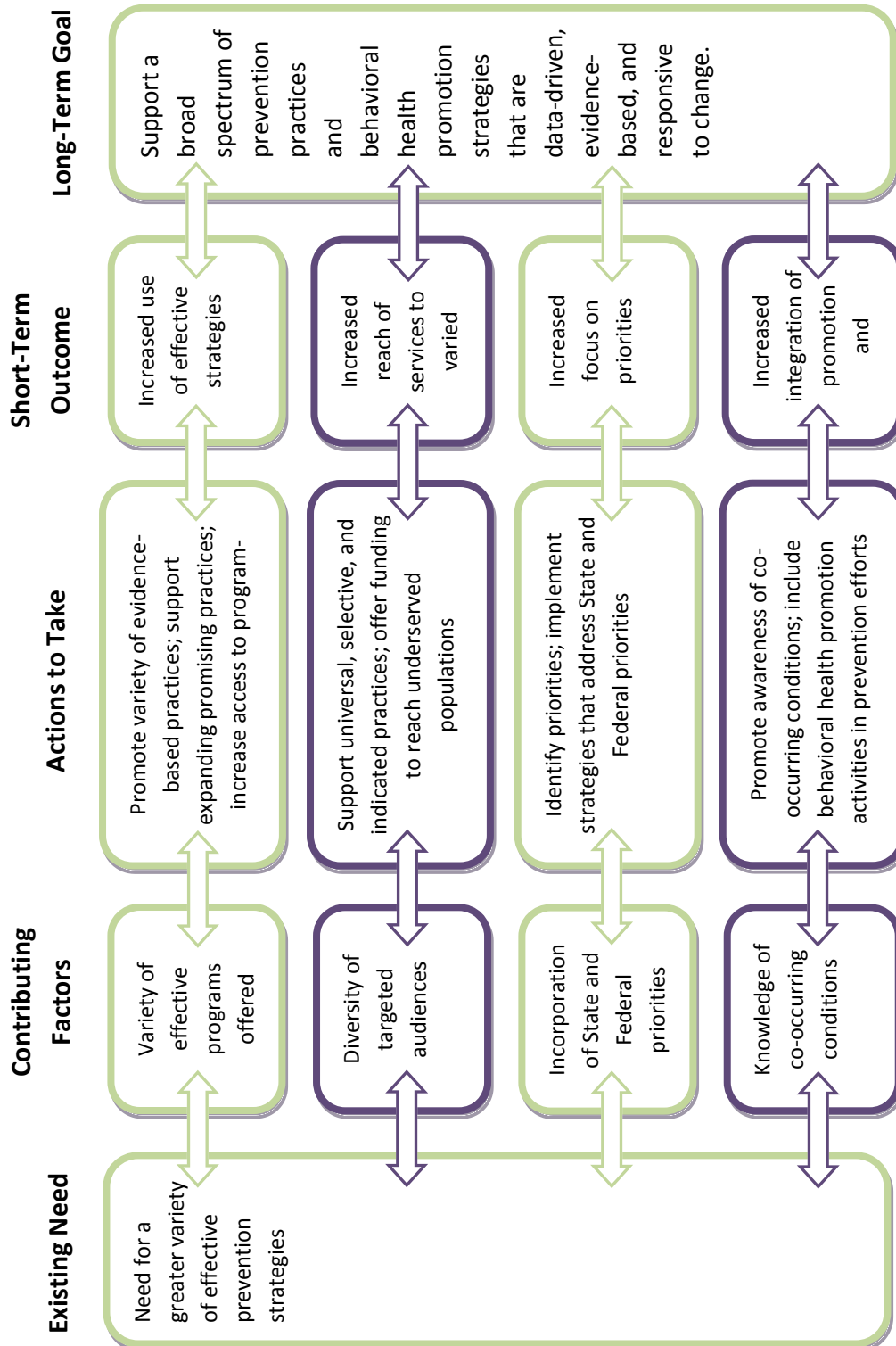
Appendix B: Logic Models

Logic Model 2: Need to Enhance the Prevention Workforce



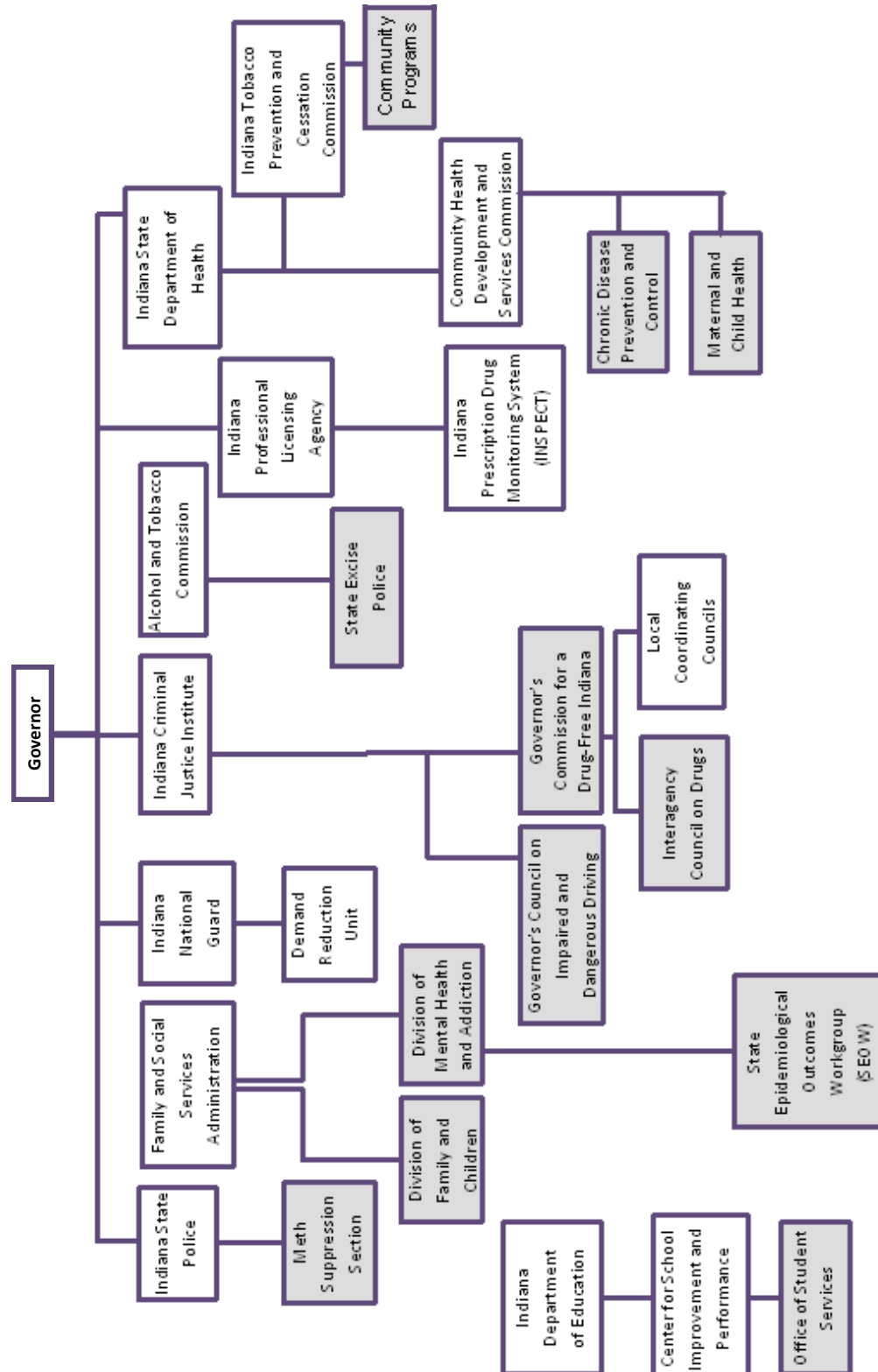
Appendix B: Logic Models

Logic Model 3: Need to Enhance the Delivery of Services



Appendix C: Prevention Structure and Programs

Government Structure of Prevention Programs



Appendix C: Prevention Structure and Programs

Statewide Prevention Program Descriptions

Indiana Tobacco Prevention and Cessation Commission-Community Programs

Information adapted from <http://www.in.gov/isdh/tpc>

The Indiana Tobacco Prevention and Cessation Commission exists to prevent and reduce the use of all tobacco products in Indiana and to protect citizens from exposure to tobacco smoke. The Commission works to collaborate with local coalitions and other existing State agencies and seeks to support efforts that:

- Change the cultural perception and social acceptability of tobacco use in Indiana
- Prevent initiation of tobacco use by Indiana youth
- Assist in reduction and protection from secondhand smoke
- Support the enforcement of tobacco laws concerning youth
- Eliminate minority health disparities related to tobacco use and emphasize prevention and reduction of tobacco use by minorities, pregnant women, children, youth, and other at-risk populations.

INSPECT (Indiana Scheduled Prescription Electronic Collection and Tracking) Program

Information adapted from <http://www.in.gov/pla/inspect/2338.htm>

INSPECT is Indiana's Prescription Drug Monitoring Program, designed to serve as a tool to address the problem of prescription drug abuse and diversion in Indiana. By compiling controlled substance information into an online database (PMP Webcenter), INSPECT performs the two critical functions of maintaining a warehouse of patient information for health care professionals and providing an important investigative tool for law enforcement. INSPECT is partially funded through the Harold Rogers grant program, which provides similar funding in other states. Additional funding for INSPECT is provided at the state level, derived from a percentage of controlled substance licensing fees.

Counterdrug Task Force (and Drug Demand Reduction Unit)

Information adapted from <http://www.in.ng.mil/Organization/CounterdrugTaskForceHome/tabid/1097/Default.aspx>

The mission of the Indiana Counterdrug Program is to provide support to Federal, State, and Local Law Enforcement and community-based organizations in the form of criminal analysis and Drug Demand Reduction education programs. Drug Demand Reduction programs provide education and skill programs for elementary through high school students. The Task Force is also responsible for training, enforcement, and support for National Guard members and their families regarding substance abuse and its prevention.

Local Coordinating Councils (LCCs)

Information adapted from <http://www.in.gov/cji/2402.htm>

LCCs are county planning and coordinating bodies responsible for addressing alcohol and other drug problems. Membership of an LCC should include volunteers from a variety of institutions and organizations including education, treatment, social services, and local police. The LCCs are required to submit to the Commission a Comprehensive Community Plan, which consists of an assessment, planning, and evaluation components. The LCCs are supported by the Indiana Criminal Justice Institute, and one LCC exists in each of Indiana's 92 counties.

Appendix C: Prevention Structure and Programs

Statewide Prevention Program Descriptions

Division of Chronic Disease Prevention and Control

Information adapted from <http://www.in.gov/isdh/24725.htm>

The Division of Chronic Disease Prevention and Control and its chronic disease program areas work closely with their partners throughout Indiana in coordinating sustainable efforts to improve Indiana's burden of chronic disease. Chronic diseases are those illnesses and health conditions which have prolonged impact on a person's health, and include diseases for which substance use, including the use of tobacco, may be risk factors. The division works with the Indiana Tobacco Prevention and Cessation Commission and utilizes public and environmental health strategies to help prevent chronic disease.

Division of Mental Health and Addiction (DMHA)

Information adapted from <http://www.in.gov/fssa/dmha/4521.htm>

The Division of Mental Health and Addiction (DMHA) sets care standards for the provision of mental health and addiction services to Hoosiers. DMHA is committed to ensuring that clients have access to quality services that promote individual, family and community resiliency and recovery. The division also certifies all community mental health centers, addiction treatment services, and managed care providers. DMHA operates six psychiatric hospitals (Larue D. Carter Memorial Hospital, Evansville Psychiatric Children's Center, Evansville State Hospital, Logansport State Hospital, Madison State Hospital, and Richmond State Hospital). DMHA provides funding support for mental health and addiction services to target populations with financial need through a network of managed care providers and administers federal funds earmarked for substance abuse prevention projects.

Governor's Commission for a Drug-Free Indiana

Information adapted from <http://www.in.gov/cji/2425.htm>

This organization includes participation from the governor, several General Assembly members, and chosen professionals with experience in various sectors affected by substance use. It works to address administrative and legislative needs to effectively use all resources at the state level and advises the governor and the General Assembly on strategies and policies needed to improve Indiana's response in the fight against alcohol and drug abuse through public forums and reports. At the local level, the commission works to strengthen Indiana's 92 local coordinating councils and assists them in developing comprehensive plans and funding strategies. It helps mobilize communities to wage local, coordinated battles against alcohol, tobacco, and other drug issues and coordinates the efforts of state agencies through the interagency council on drugs.

Governor's Council on Impaired and Dangerous Driving

Information adapted from <http://www.in.gov/cji/2368.htm>

The Governor's Council on Impaired and Dangerous Driving serves as the public opinion catalyst for statewide action to reduce death and injury on Indiana roadways. The Council provides ongoing support to state and local traffic safety advocates. The Council's Advisory Board, a group of 18 volunteers, is appointed by the governor to make traffic safety policy recommendations. The Council also serves as Indiana's primary source for information and research on traffic safety issues which directly affect public safety and policy.

Appendix C: Prevention Structure and Programs

Statewide Prevention Program Descriptions

Maternal and Child Health Services (MCH)

Information adapted from <http://www.in.gov/isdh/19571.htm>

- The vision of MCH is to improve the health status of families in the State of Indiana and to ensure that all children within the context of their family and culture will achieve and maintain the highest level of physical, mental, and emotional health in order to realize their human potential to the fullest. MCH seeks to make services available to all residents of Indiana. Emphasis is placed on ensuring services to childbearing women, infants, children, and adolescents (including children with special health care needs, low income populations, those with poor nutritional status and those who do not have access to health care). Some of MCH's priorities that may align closely with substance abuse prevention efforts may include:
 - Improve pregnancy outcomes
 - Lower high-risk pregnancy
 - Reduce barriers to health care for women and children
 - Strengthen families
 - Decrease tobacco use
 - Reduce adolescent risk behaviors

The department's activities include coordinating administration of the Youth Risk Behavior Survey, early childhood programs, child and adolescent health services, family planning and support, epidemiological data and needs assessments, and the Prenatal Substance Use Prevention Program (PSUPP).

Meth Suppression Section, Indiana State Police

Information adapted from <http://www.in.gov/meth/index.htm>

The Methamphetamine Suppression Section (MSS) was created in June 2005 and became full-time in January 2006. MSS currently includes 21 full-time personnel and an additional 77 volunteer clandestine lab team members. The mission of the MSS is to pro-actively investigate methamphetamine crimes in communities all over the state of Indiana. MSS utilizes a three-pronged approach by focusing on enforcement, education, and the creation of partnerships.

Office of Student Services

Information adapted from <http://www.doe.in.gov/student-services>

Student services include educational and career services, student assistance services, and health services. This office is within the Department of Education and houses school psychology, counseling and guidance, social work, health, nutrition, and student behavior. Services may include awareness, prevention, and intervention related to bullying, violence, suicide, crisis planning, substance use, and other issues.

Appendix C: Prevention Structure and Programs

DMHA-Funded Prevention Efforts

Indiana Coalition to Reduce Underage Drinking (ICRUD)

Information adapted from <http://www.icrud.org/about/>

ICRUD is a subsidiary of Mental Health America of Indiana (MHAi) with funding from state and federal grants and private donations. Its vision is, "To create healthier and safer environments by reducing the accessibility and availability of alcohol to underage persons." Its mission is, "In order to change policies that govern the way alcohol is marketed to, sold to, and bought by underage persons, we will mobilize communities to address underage drinking." ICRUD is responsible for promoting, developing, and administering the Indiana College Survey and works with college campuses across the state, among other initiatives, to help prevent underage drinking.

Indiana Prevention Resource Center (IPRC)

Information adapted from <http://www.drugs.indiana.edu/about-iprc>

The IPRC functions to assist Indiana-based alcohol, tobacco, and other drug (ATOD) prevention practitioners to improve the quality of their services. It also provides assistance with gambling prevention efforts and alcohol, tobacco, and other drug treatment. The IPRC's mission is, "Strengthening a behavioral health system that promotes prevention, treatment, and recovery." IPRC staff work to bring together research and practice to better ensure that Indiana's residents receive state of the art prevention technology. The Indiana Problem Gambling Awareness Program is a project of the IPRC and provides awareness and technical assistance specifically regarding gambling issues.

The LEAD (Leading and Educating Across Domains) Initiative

Information adapted from <http://leadinitiative.org/history/>

The LEAD Initiative is an innovative program that strives to develop a network of youth leaders in prevention. At its inception over 10 years ago, the goal of the program was to strengthen youth leadership across Indiana by providing opportunities for youth including training, resources, and networking and to implement trained youth leaders into prevention programs so that youth receive prevention messages from their peers through peer-led activities. Youth in the program are trained and help implement programs among their peers in the areas of community service, advocacy, mentoring, or philanthropy, with a consistent focus on the prevention of alcohol, tobacco, and other drug abuse. Additionally, in 2012, a pilot began for the Senior LEAD Initiative, which will use similar initiatives to reach older adults rather than youth. Senior LEAD is currently in an initial assessment phase and is working to engage community organizations that serve older adults.

Prenatal Substance Use Prevention Program

Information adapted from <http://www.in.gov/isdh/22243.htm>

The Prenatal Substance Use Prevention Program (PSUPP) is a three-tier prevention program administered by the Indiana State Department of Health and funded by the Indiana Division of Mental Health and Addiction, the Indiana Tobacco Prevention and Cessation Program, and Maternal and Child Health Services. The goal of this program is to prevent poor birth outcomes, by ensuring that babies born in Indiana are born to women who decrease or eliminate alcohol, tobacco, and other drug use during pregnancy. The program seeks to fulfill the following three objectives:

- Identify high-risk, chemically dependent pregnant women, provide perinatal addiction prevention education, promote abstinence, and provide referrals for treatment and follow-up.
- Facilitate training and education for professionals and paraprofessionals who do not

Appendix C: Prevention Structure and Programs

DMHA Funded Prevention Efforts

- provide substance abuse treatment, but do work with women of childbearing age, on how to identify high-risk, chemically dependent women.
- Provide public education on the possible hazards to a fetus when alcohol, tobacco, and other drugs are used during pregnancy.

State Epidemiological Outcomes Workgroup (SEOW)

More information at www.healthpolicy.iupui.edu/seow

Description: The State Epidemiology and Outcomes Workgroup (SEOW) is responsible for collating and analyzing data to identify trends, priorities, and goals for substance abuse and mental health in Indiana. It reports findings to the state's advisory body, MHAPAC, to facilitate data-based decision-making regarding substance abuse prevention initiatives across the state, and publishes an annual report and other documents as needed on substance abuse in Indiana.

State Excise Police

Information adapted from <http://www.in.gov/atc/iseip/2381.htm>

The Indiana State Excise Police is the law enforcement division of the Alcohol & Tobacco Commission. State Excise Police officers are empowered by statute to enforce the laws and rules of the Alcohol & Tobacco Commission as well as the laws of the State of Indiana. The agency's primary goal is to reduce the access and availability of alcohol and tobacco products to minors. To achieve this important goal, the agency offers training programs to the alcoholic beverage industry and tobacco vendors, and provides civic and educational programs for youth.

The Community Prevention Framework (CPF)

Implementation Grantees— 12 counties. Implementation grantees are local coalitions that have received funding to implement programs for the prevention of alcohol, tobacco, and other drug abuse. The coalitions have already undergone a strategic planning process using either the Strategic Prevention Framework (SPF) or Communities That Care (CTC) and have created a plan that addresses their local needs, resources, and risk and protective factors for substance abuse. Implementation grantees will be expected to follow SPF and CTC, update their strategic plans as needed, and have their strategies evaluated.

Development Grantees— 13 counties. Development grantees are local coalitions that have received funding to undergo the strategic planning process and formulate a plan for implementing strategies in order to prevent alcohol, tobacco, and other drug abuse. Their efforts must be based on local needs and strengths and will focus on reducing certain risk factors associated with use and enhancing factors that will protect against use. Grantees will also practice intensive efforts in community mobilization and coalition development so that their communities will have the capacity to carry out their plans in the future. Development grantees will be trained in SPF and CTC and will be expected to follow both processes as they develop their plan.

Family Grantees— 6 counties. Family grantees receive support to implement family-based programs that have been shown to be effective in preventing substance abuse by decreasing family risk factors for substance abuse. The Strengthening Families Program and Children in the Middle are two examples of programs that are being implemented.